

Rezdiffra:
resmetirom tablets

Madrigal
patient
SUPPORT

Your path to potential Rezdiffra savings.

Eligible commercially insured patients may pay as little as
\$0 a month¹ for Rezdiffra through the Copay Savings Program.

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Once enrolled, fill in your 11-digit ID below.

COPAY SAVINGS PROGRAM

ID: _____

BIN: 610852

PCN: 2001

GROUP: 77770205

ELIGIBLE COMMERCIALY INSURED
PATIENTS MAY PAY AS LITTLE AS

\$0^A
MONTH*

¹Eligibility rules apply. For program terms, conditions,
and eligibility criteria, visit copay-terms.rezdiffra.com.

¹Eligibility rules apply. Offer not valid for patients enrolled in Medicare,
Medicaid, or other federal or state healthcare programs. For program
terms, conditions, and eligibility criteria, visit copay.rezdiffra.com.

Check your eligibility and enroll at copay.rezdiffra.com.





Getting started with the Rezdiffra Copay Savings Program

It only takes a few steps.

Who's eligible



- Adults (18+) prescribed Rezdiffra
- Commercially insured patients
- Residents of the U.S. or its territories

For additional eligibility criteria visit copay.rezdiffra.com.

What you get



- Pay as little as \$0 a month*
- Savings are applied automatically at your specialty pharmacy

How to enroll

1

Confirm your eligibility at copay.rezdiffra.com

2

Once enrolled, write your 11-digit ID on your card to share with your specialty pharmacy

Stay connected



Stay in touch with your pharmacy or support team to avoid delays in getting your medication.

Rezdiffra
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COPAY SAVINGS PROGRAM

ID: XXXXXXXXXXXX
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PCN: 2001
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